

# FUNCTIONAL WELLNESS & ACUPUNCTURE

## Acupuncture Consent Form

**Acupuncture** means the stimulation of a certain point or points on or near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the mobilization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation such as cupping (stimulation of an acupuncture point or points on or near the surface of the body by means of an apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus an acupuncture point or points on or near the surface of the body).

**Acupuncture is a safe procedure; however there are rare but potential risks:** Slight pain or discomfort at the site of needle insertion, bleeding, infection, bruises, weakness, fainting, nausea, and aggravation of problematic symptoms existing prior to acupuncture treatment. Very rare risks depending on the location of a needle are the puncturing of a lung or other vital organ.

**The potential benefits:** Acupuncture may allow for the painless relief of one's symptoms without the need for medications or other invasive therapies, and improve the balance of bodily energies leading to relaxation, a sense of wellbeing, the prevention of illness, or the elimination of the presenting problem.

**The Commonwealth of Pennsylvania regulations governing acupuncture are:**

1. A person may be treated by a licensed acupuncturist for a *specific* condition for up to 60 days without a medical diagnosis or physician referral.
2. After 60 days, the patient must obtain a medical diagnosis from a physician to continue treatment.
3. A patient may be treated for a *new* condition for up to 60 days without a medical diagnosis or physician referral.

"With this knowledge, I voluntarily consent to the above explained procedures."

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Printed Name

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Patient or Guardian Signature

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Witness

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Date